

# **Assisted Outpatient Treatment: What Is It and Why Does Maryland Need It?**

**MBH Justice/Public Safety Subcommittee  
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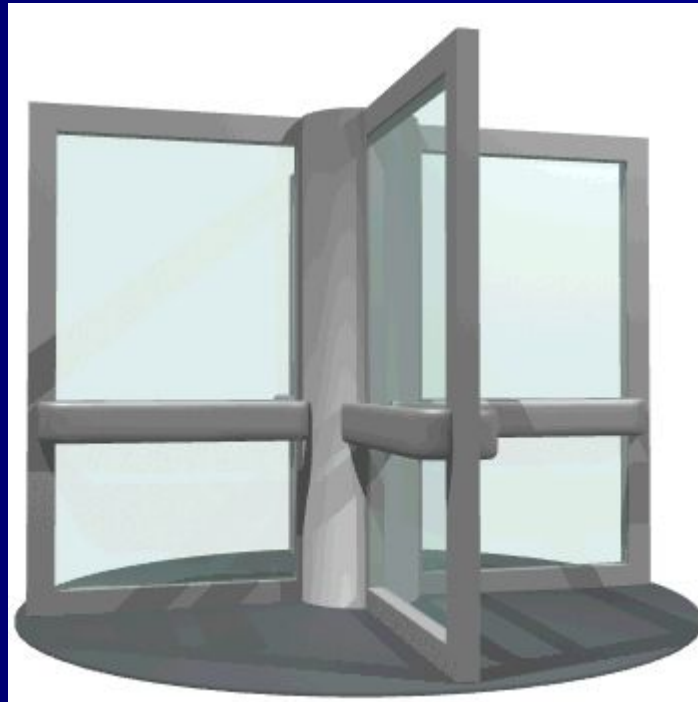


# Public Mental Health: Many Needs, No Single “Cure-All”

- More investment in community-based care (mobile crisis teams, crisis respite, et. al.)
- Inpatient psychiatric beds
- Recruit mental health professionals to underserved regions
- New law-enforcement / diversion strategies
- **Address treatment non-engagement**

# Treatment Non-Engagement

Too many with SMI caught in the “revolving doors” of the mental health and criminal justice systems



# Many reasons for non-engagement

- Inadequate community-based support
- Health insurance gaps
- Distance to provider / lack of transportation
- Substance abuse
- Side effects of medications
- Challenges with executive functioning
- Mistrust of doctors
- **Anosognosia / lack of insight**

**A most challenging  
cause of non-engagement:**

**a symptom of brain  
dysfunction known as ...**

**ANOSOGNOSIA**

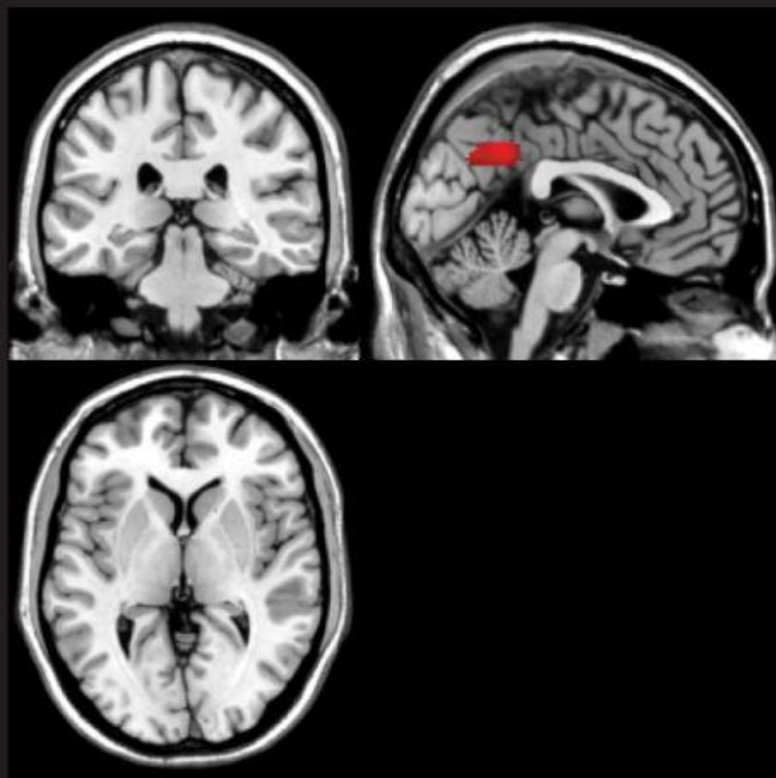


# Anosognosia

- Lack of insight into one's own illness.  
(inability to recognize illness in self)
- NOT denial
- Brain-based. Out of the individual's control
- Makes non-adherence *logical*

A

Low self-reflection



B

High self-reflection

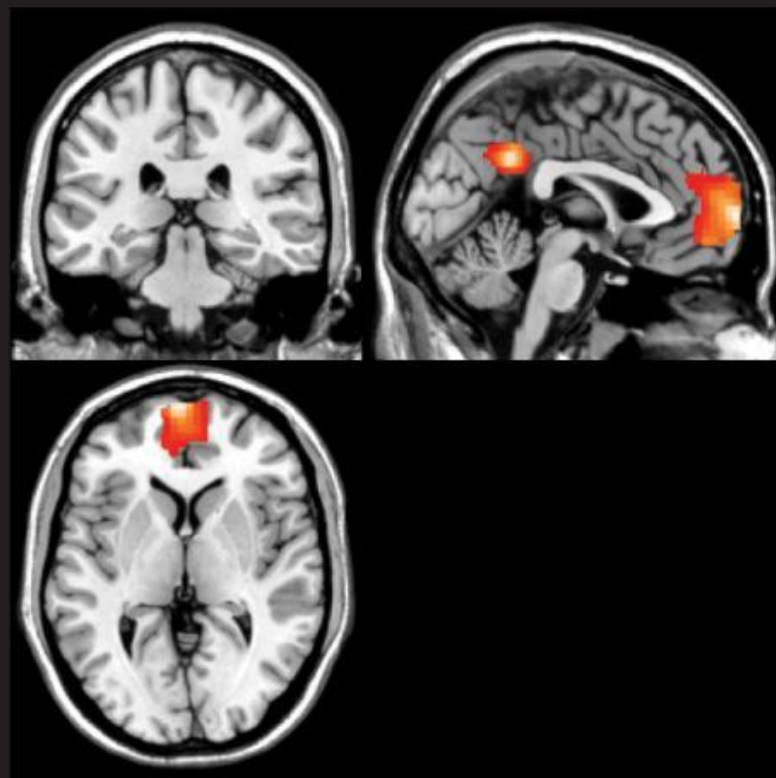


Figure 2. Brain activation of selected individuals is displayed (the patterns of activation are consistent with the group-level differences). Differences in brain activation in the left and right vMPFC during a self reflection task between two patients with schizophrenia, one patient with impaired insight and one patient with good insight. (A) a patient with a low score (7) on the subscale self reflectiveness of the Beck Cognitive Insight Scale (BCIS) and (B) a patient with a high score (27) on the subscale self-reflectioniveness.

# Linking Anosognosia and Non-Adherence

Psych. Services 2/06:

- Of 300 patients with non-adherence tracked, 32% found to lack insight.
- Those 32% had significantly longer non-adherent episodes, more likely to completely cease meds, have severe symptoms, be hospitalized



# Bottom Line on Anosognosia

- If you build it ...



**... SOME still won't come!**

# “Assisted Outpatient Treatment” (AOT) is ...

- A clinical/legal strategy to overcome an individual's inclination to disengage from treatment
- A form of civil commitment. Court-ordered outpatient care
- A means of leveraging the power of courts to influence behavior



# Why Does the Court Order Matter?

- Under typical state AOT law, the court order lacks “teeth”:
  - No contempt of court
  - No **automatic** return to inpatient commitment
  - No forcibly administered meds
- Fair to ask: what’s the point?

# Point #1:

## “The Black Robe Effect”

- Judges naturally command respect as symbols of authority in our civic culture.
- Many AOT judges embrace the role of participant motivator.
- The black robe effect works on the treatment system too.



## Point #2: Rapid Response to Non-Adherence

Lack of  
punishment for  
non-adherence  
doesn't mean  
lack of  
*consequence*



# AOT is *not* just for those presently refusing treatment

- Legal criteria allow programs to choose patients based on history and fragility of condition, not immediate state of mind.
- Most natural point to start AOT is upon hospital discharge of a stabilized patient
- Starting AOT with positive outlook is *optimal*.
- “Voluntary” settlement agreements are fine, but ...

# Judicial involvement in *every* case

- Any settlement agreement should require court approval, ideally with stipulated court order.
- Lack of need for a contested hearing is no reason to deny patient the benefits of interacting with the judge.



# Periodic Status Conferences

- Not absolutely necessary, but many AOT judges check in regularly with the parties.  
(Approaches vary)
- Stresses that AOT is a reciprocal commitment, not one-sided.
- Regularly reinforces the “black robe effect” upon both sides.



# Lessons from the Field

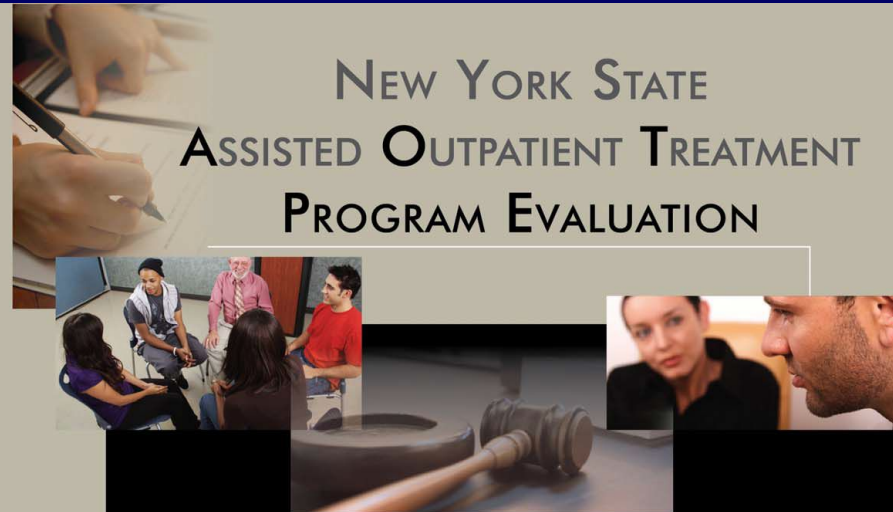
## Kendra's Law

Final Report on the Status of

## Assisted Outpatient Treatment

New York State  
George E. Pataki, Governor

Office of Mental Health  
Sharon E. Carpinello, R.N., Ph.D., Commissioner  
March 2005



### NEW YORK STATE ASSISTED OUTPATIENT TREATMENT PROGRAM EVALUATION

Submitted under Contract with the New York State Office of Mental Health



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# AOT Works

2009 NY study results (Duke et. al.):

- Likelihood of hospital admission over 6-month period cut in half (74% to 36%)
- “Substantial reductions” in hosp days
- Likelihood of arrest over 1-month period cut in half (3.7% to 1.9%)
- AOT group 4x less likely to commit serious violence than non-eligible control group, despite more violent histories

# The Court Order Matters

Comparison of AOT patients to AOT-eligible “voluntaries,” with equal quality of services, found:

- “Highly statistically significant” difference in the likelihood of a hospital admission over six months (36% vs. 58%).
- AOT patients less likely to be arrested than “voluntaries” (1.9% per month vs. 2.8%)
- AOT patients had substantially higher level of personal engagement in their treatment (55% “good” or “excellent” vs. 43%).

# The Court Order Matters

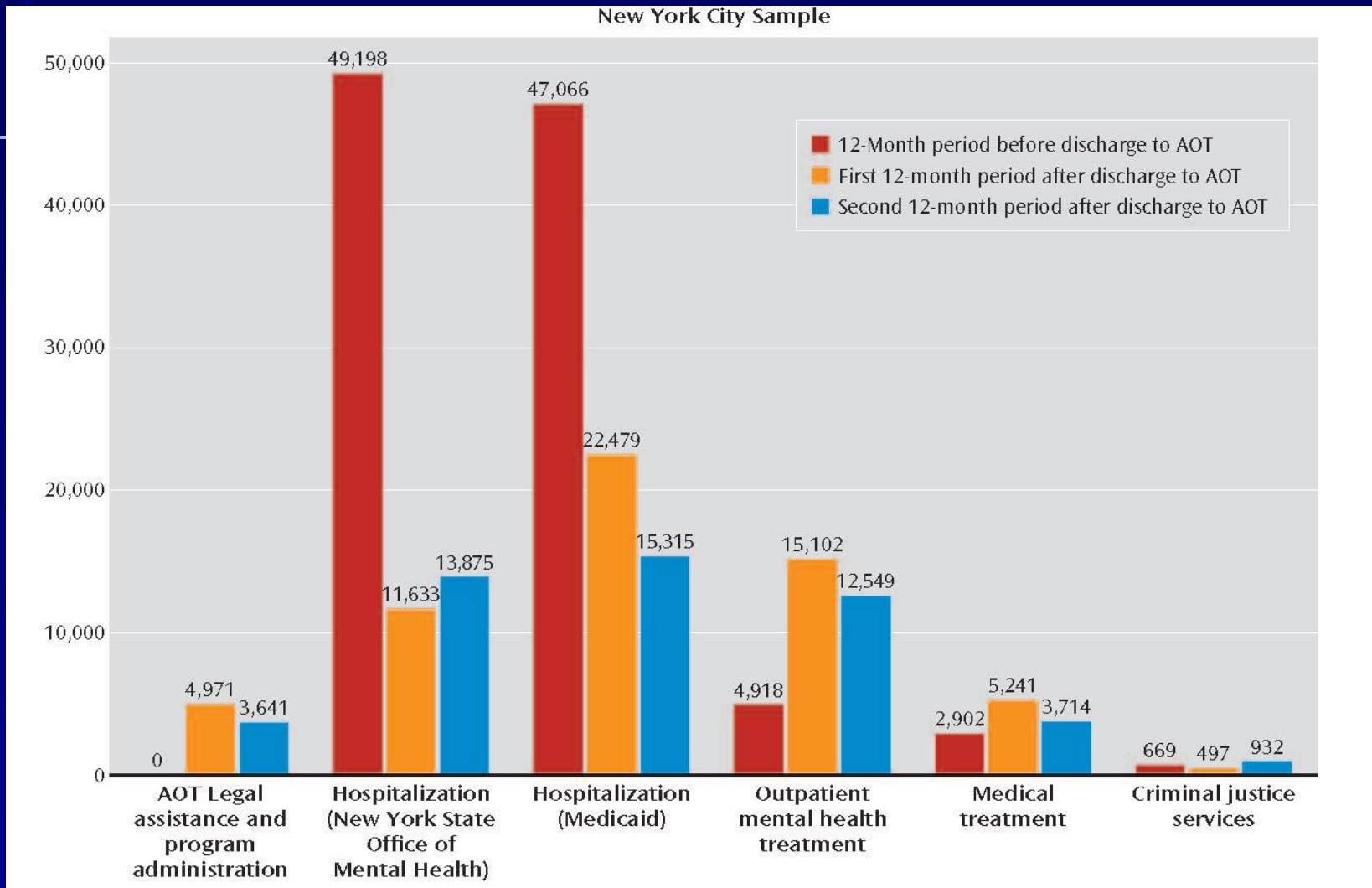
NY research conclusion:

- “The increased services available under [AOT] clearly improve recipient outcomes. However, the [AOT] court order, itself, and its monitoring do appear to offer additional benefits in improving outcomes.”

# **NY Research Finding: Respectful Treatment Is Key**

- AOT recipients no more likely to feel coerced by mental health system than others in the public mental health system.
- AOT recipients report no greater sense of discrimination.
- Among all, the best predictor of feelings of coercion/stigma was perceived disrespect in interactions with treatment professionals.

# AOT Saves Money!



In NYC, net treatment costs declined 43% Y1, another 13% in Y2.

## Assisted Outpatient Treatment (AOT)

Assisted outpatient treatment (AOT) is the practice of delivering outpatient treatment under court order to adults with severe mental illness who are found by a judge, in consideration of prior history, to be unlikely to adhere to prescribed treatment on a voluntary basis. AOT is a form of civil commitment intended for those who suffer from anosognosia (lack of insight) in addition to severe mental illness, and have been repeatedly hospitalized or arrested as a consequence of treatment nonadherence. Through the ritual of a court hearing and the symbolic weight of a judge's order, AOT seeks to leverage a "black robe effect," motivating the individual to regard treatment adherence as a legal obligation and impressing upon treatment providers that the individual requires close monitoring and comprehensive services.

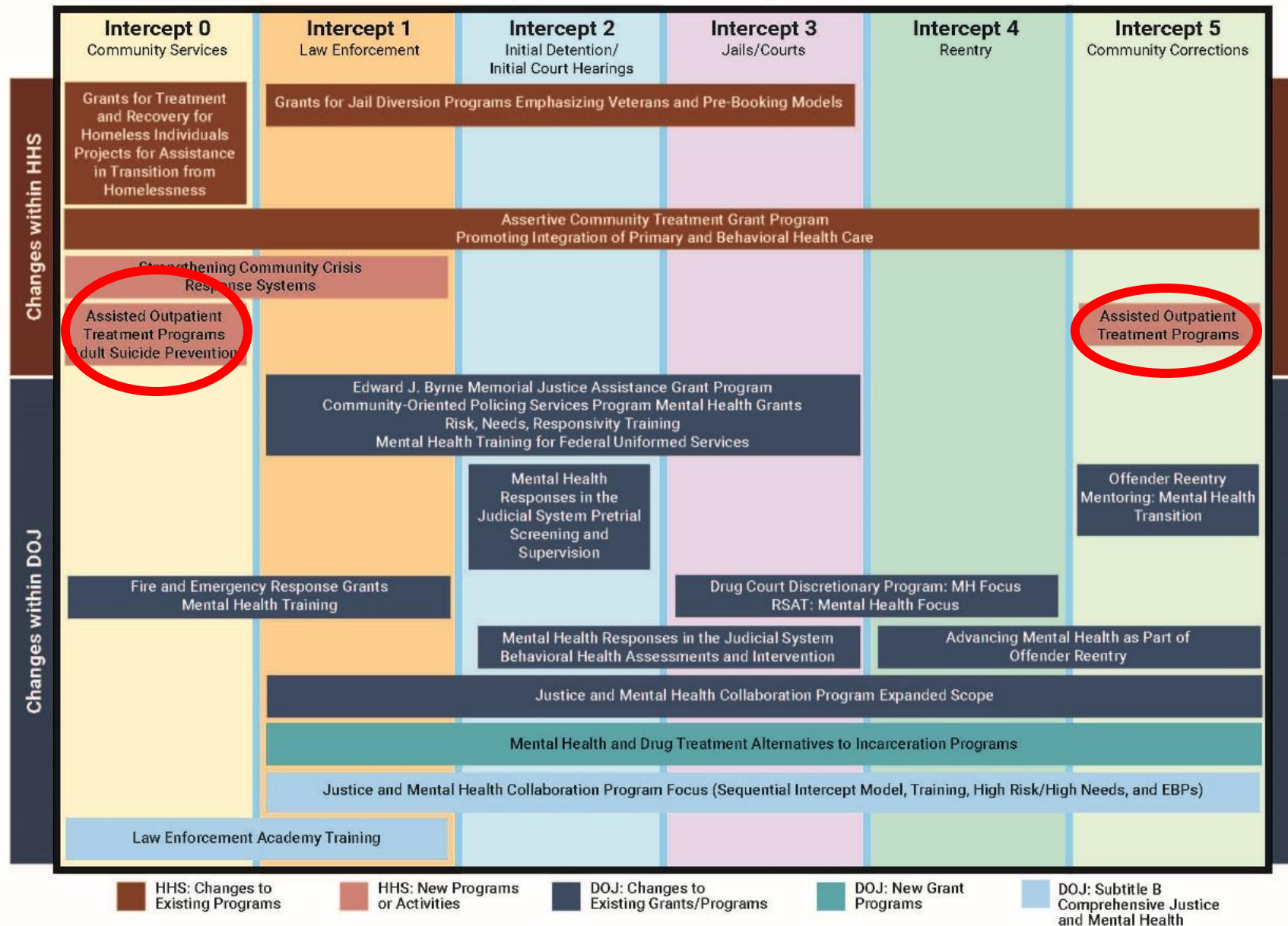
Forty-five states and the District of Columbia currently have laws authorizing AOT and dictating the specific legal process. Although the requirements for implementing AOT on the local level will vary with the specifics of each state law, implementation generally requires collaboration among local mental health authorities, treatment providers, and the court with jurisdiction over civil commitments.

### Descriptive Information

|                          |  |
|--------------------------|--|
| <b>Areas of Interest</b> | Mental health treatment  |
| <b>Outcomes</b>          | <b>Review Date: February 2015</b><br>1: Assault or threat of violent behavior<br>2: Hospitalization<br>3: Quality of life<br>4: Suicide risk |



# The 21st Century Cures Act & the Sequential Intercept Model





# The 2016 Game-Changer: Federal Grant Money for New AOT Programs!



- 36 grants awarded since 2016
- 4 years of support, up to \$1M/yr., with expectation that programs will be sustained
- Currently in transition from first class of grantees to new



# Maryland's OCC Pilot: Is It AOT?

- Overreliance on “voluntary” option. Denies individuals in need the benefit of a court order, simply because they currently acknowledge their need for treatment.
- “Involuntary” component is illusory. No consequence for non-adherence. Treatment team doesn't leverage court order.
- “Involuntary” participation requires recent history of *involuntary* hospitalization. An arbitrary distinction, since many who enter on emergency hold are persuaded to self-admit.